



North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.fdrhpo.org/ems

CME Session Scheduling Form

Session must be approved prior to being placed on the calendar

Agency Name: _____ CME/Agency code: _____

Evaluator Name: _____ Evaluator Phone # _____

Evaluator Credentials: _____
(level of care and other instructor credentials)

CME Session Location: _____

Address: _____ City: _____ NY, Zip Code: _____

CME Session Level (Evaluators can only evaluate levels up to their level of care)

(Check one and indicate BLS Skills being evaluated)

- BLS
- BLS, AEMT
- BLS, AEMT, Critical Care
- BLS, AEMT, Critical Care, Paramedic

Please indicate which BLS adjunct skills being offered

AED Syringe Epinephrine Albuterol Narcan CPAP Blood Glucometry

CME Session date: _____ CME session time: _____

Email and/or phone to RSVP for session: _____

Evaluator must be in good standing with the region, please fax or email application to address below or Jcole@fdrhpo.org

For Office Use

Approved on _____